

## ADA Complaint Form Decatur Public Transit System (DPTS)

In compliance with the Americans with Disabilities Act of 1990, DPTS operates all its programs and provides public transportation services without regard to disability. Anyone who believes they have been subject to an unlawful discriminatory practice by DPTS due a disability has the right to file an ADA complaint. ADA complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the DPTS Administrative Office by calling (217) 424-2814. The completed form must be returned to DPTS, Attn: General Manager, 555 E Wood St, Decatur, Illinois, 62523. Faxed, emailed, or electronically transmitted forms are not accepted. Hand delivery is needed to make sure the complaint is filed within the statutory deadline.

Your Name:	Phone:
Street Address:	Alt. Phone:
City, State, & Zip Code:	
Person(s) discriminated against (if someone other	than yourself):
Their Street Address, City, State, & Zip Code:	
Please describe the alleged discrimination incident and times. Provide the name and title of all DPTS happened and whom you believe was responsible additional space is required.	



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Please describe the alleged discrimination incident (continued)	
Have you filed a complaint with any other federa	I, state, or local agencies? (Circle one) Yes / No
Agency:	Contact Name:
Street Address, City, State, and Zip Code:	
Agency:	Contact Name:
Street Address, City, State, and Zip Code:	
I affirm that I have read the above charge and th belief.	at it is true to the best of my knowledge, information, and
Complainant's Signature	Date
Use by DPTS Only	
Print Name of Complainant:	
Date Received:	
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